Massachusetts Board of Registration in Nursing
Board News...

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What's New...

The Board is honored with a prestigious national award. The Massachusetts Board of Registration in Nursing is the proud recipient of the 2007 National Council of State Boards of Nursing (NCSBN) Regulatory Achievement Award. This prestigious award among NCSBN 59 member boards recognizes the Massachusetts Nursing Board for its outstanding contributions to the promotion of safe nursing practice in the interest of public welfare. The selection criterion includes effective leadership in the development, implementation and maintenance of licensing and regulatory policies, and active collaborative relationships among regulatory agencies, member boards and the public. The 2007 Regulatory Achievement Award was presented to the Massachusetts Board of Registration in Nursing on August 9, 2007 at the NCSBN Annual Meeting in Chicago, Illinois.

Reelected. Gino Chisari, Deputy Executive Director, Massachusetts Board of Registration in Nursing was reelected to the National Council of State Boards of Nursing Board of Director during its 2007 Delegate Assembly. Mr. Chisari was elected to a two-year term as the Area IV Director representing Massachusetts, Connecticut, District of Columbia, Maine, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and the Virgin Islands.

Reelected. Rula Harb, Executive Director, Massachusetts Board of Registration in Nursing was reelected to a second, two-year term on the Board of Directors for the Massachusetts Coalition for the Prevent Medical Errors (Coalition). The Coalition is a public-private partnership whose mission is to improve patient safety and eliminate medical errors in Massachusetts. The Coalition's membership includes consumer organizations, state agencies, and hospitals, professional associations for physicians, nurses, pharmacists, long-term care, as well as health plans, employers, policymakers, and researchers. The Coalition leverages the efforts of all of these organizations to accomplish the shared goal of improving patient safety. The Coalition promotes a systems-oriented approach to improving patient safety, identifying the causes of medical errors, and developing and supporting implementation of strategies for prevention.

Outstanding Performance. Lois Marshall, RN, nursing board investigator in the Office of Public Protection of the Division of Health Professions Licensure is the recipient of a 2007 Commonwealth Citation for Outstanding Performance Award. This award recognizes Lois for her extraordinary commitment and contribution to the work of the nursing board and the division. Congratulations to Lois and best wishes for continued success.

RN renewal to begin. January 1, 2008 begins an RN license renewal year. Please be sure that the Board has your most current address and you are in compliance with the mandatory continuing education (CE) requirements. For additional information on CE please visit www.mass/gov/dph/boards/rn > Continuing Education.

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Program approval. At their meeting on September 12, 2007, the Board granted Initial Approval to Medical Professional Institute to further establish a Practical Nurse educational program. Initial Approval means that the program has received the Board's written recognition that it has provided satisfactory evidence of its ability to achieve compliance with 244 CMR 6.04. Initial Approval status is required for the program to have before enrolling students.

From the Board Chair

Diane Hanley, RN, MS - Chair, Board of Registration in Nursing

How exciting it was! During the 2007 National Council of State Boards of Nursing (NCSBN) annual meeting held August 7-10, 2007, the Board was presented with the 2007 NCSBN Regulatory Achievement Award, and I had the distinct privilege and honor of accepting the award on behalf of the Board. When I think about the accomplishments of the Board over the past 10 years, I am astonished at how much the Board has achieved in promoting patient safety and regulatory excellence, but more, I become motivated to continue striving for excellence in nursing.

Here is just a small sampling of the contributions the Board has made to nursing regulations and to the promotion of safe and effective patient care:

- Developed decision making guidelines designed to promote a systematic assessment of individual nurse and practice environment or systems-related factors associated with nursing practice complaints.
- Invited experts to share their knowledge through a consensus building process among regulators, consumers, educators and employers of Advanced Practice Registered Nurses (APRN) statewide who identified five (5) recommendations to insure the regulations governing APRNs are evidence-based and reflect current advanced nursing practice.
- Conducted a nursing error study that analyzed 661 nursing practice complaints and recommended error prevention strategies for use by individual nurses, educators, employers and regulators.
- Published faculty shortage data of nursing faculty vacancies among Board-approved nursing education programs for the purpose of promoting workforce policy development.
- Launched an innovation Educate-the-Educator program designed to standardize the information nursing students receive about the regulation of nursing practice in Massachusetts and ultimately, to assure that patients receive competent nursing care.
- Reduced licensing barriers to reciprocal US licensure by non-US educated nurses and to expand the potential pool of evidence-based standardized assessments available to the Board of Nursing to establish the English proficiency of a non-US educated nurse applying for Massachusetts nurse licensure.
- Redesigned the Substance Abuse Rehabilitation Program (SARP) admission policies resulting in a 50% decrease in the length of time it takes to be admitted to the SARP monitoring program.
- Cooperated with employers to find web-based solutions for clinical placements to insure an adequate supply and quality of clinical placements reduce competitiveness and duplication of efforts in the acquisition of clinical placements, and to build and strengthen cooperation among Board-approved nursing education programs.

- Board staff is active members of the Statewide Advisory Committee organized by the Board of Higher Education Initiative on Public Nursing Education, an initiative established to develop a programmatic approach to accelerate the rate at which skilled nurses enter the nursing workforce within the next four years. The Initiative seeks to significantly increase the number of baccalaureate-prepared RNs; to increase the number and skills of nursing faculty; and to strengthen the capacity of public higher education to meet future nurse workforce needs.

It is an honor to be recognized by ones peers, and a motivation to continue to achieve excellence in all we do. I would like to take this opportunity to publicly thank the Board members and staff for their dedicated and expert public service to the citizens of Massachusetts. They are a wonderful and hard working group of professionals who labor tirelessly on our behalf. Thank you, you are the best!

From the Board Executive Director

Rula Harb, MS, RN - Executive Director, Board of Registration in Nursing

As a member of the Board of Directors for the Massachusetts Coalition for the Prevention of Medical Errors (Coalition), I have the distinct honor of collaborating with a wide array of healthcare professionals who bring many talents and expertise to any discussion regarding patient safety. The Coalition has recently launched a campaign to eliminate hospital acquired infections in Massachusetts. Hospital acquired infections (HAI) is the term being applied to what was originally described as nosocomial infections.

The campaign is a joint effort between the Coalition, the Massachusetts Department of Public Health, with support of the Betsy Lehman Center for Patient Safety and Medical Error Reduction, and the JSI Research and Training Institute. It will utilize the research and recommendations from the recent interim report of an expert panel convened by the Betsy Lehman Center to guide a multi-faceted effort to improve safety in the hospital setting. Although the campaign is designed for acute-care hospitalized patients, the recommendations are applicable to any setting where the potential for patient infection exists.

It is estimated that healthcare or hospital acquired infections (HAI) adversely affect nearly 2 million hospitalized patients and result in 90,000 deaths per year. Needless to say, these figures are staggering and have become a top priority for many different individuals and concerned groups. In an effort to raise awareness, promote transparency for healthcare consumers and motivate hospitals to prioritize infection prevention, several states now require reporting of selected HAIs to their health authorities and some make this information available to the public.

The expert panel (Panel) convened by the Betsy Lehman Center reviewed available standards, evidence, and developed specific proposals for preventing HAI and reporting. The Panel endorsed guidelines in six areas by adapting and updating nationally accepted standards. These guidelines will provide Massachusetts hospitals with a comprehensive list of updated recommendations to promote improvement. They include:

- Prevention of Ventilator Associated Pneumonia
- Prevention of Surgical Site Infections
- Hand Hygiene Recommendations
- Environmental Measures for the Prevention and Management of Multi-drug Resistant Organisms

- Standard Precautions for the Prevention of HAIs
- Contact Precautions for the Prevention of HAIs

The work is ongoing and additional information is available by visiting the Coalition website at www.macoalition.org . Additionally, as new information becomes available the Board will be certain to include it in future newsletters.

From the Deputy Executive Director

R. Gino Chisari, RN, MSN - Deputy Executive Director, Board of Registration in Nursing

At their regularly scheduled meeting on July 11, 2007, the Board approved proposed revisions to the regulations governing Advanced Practice Registered Nursing (APRN) at 244 CMR 4.00. Approval of this draft signaled the end of a two-year process which included a multidisciplinary, statewide task force, a period of public comment on the task force's recommendations and hours and hours of study, but it also signals the beginning of the next phase.

The next phase involves reaching agreement between the Board and the Board of Registration in Medicine on the final language regarding the definition and function of the supervising physician in relationship to prescriptive guidelines. Massachusetts General Laws Chapter 112, sections 80B, 80E and 80G requires the two Boards to jointly promulgate the regulation governing the APRN in prescriptive practice.

Highlights of the proposed revisions include:

- Changing the term, Nursing in the Expanded Role to Advanced Practice Registered Nursing;
- Inclusion of regulatory criteria for national accrediting bodies for academic programs acceptable to the Board;
- Inclusion of regulatory criteria for Board recognized certifying bodies;
- Recognition, authorization and regulation including "grandfathering criteria" for Clinical Nurse Specialists outside of psychiatry;
- Requirements for Mandatory Professional Liability Insurance for all APRN;
- Elimination of Practice guidelines except for those required by law regarding prescriptive privileges for those APRNs legally authorized to prescribe;
- Clarification of the Scopes of Practice for each of the APRN categories; and the
- Codification of several Board policies being implemented currently such as demonstration of Good Moral Character upon application for authorization to practice as an APRN.

Once the Board reaches agreement with the Board of Registration in Medicine on language as noted above, the Board will be scheduling a series of Public Hearings at which time it will be able to formally receive comments from any member of the public on the proposed revisions to 244 CMR 4.00. Once all public comments are received, the Board will review them and make final revisions before promulgating the new regulations. Please visit the Board's website; www.mass.gov/dph/boards/rn for frequent updates and additional information including a copy of the proposed revisions and the schedule of public hearings.

From the Nursing Education Coordinator

Judith Pelletier, MS, RN - Nursing Education Coordinator, Board of Registration in Nursing

The 2006 Interest in Nursing: Survey of BRN-approved Nursing Education Programs is designed by Board staff to collect data related to the pool of qualified students entering Board-approved nursing education programs in the fall 2006. The survey tool is a one-page, 11-item questionnaire, administered annually. The questionnaire requests the number of applications each program received as well as the number of qualified applicants the program reviewed, accepted, registered and enrolled. It also seeks information regarding the number of qualified applicants who are also Licensed Practical Nurses and whether the program maintains a "waiting list" of qualified applicants. Questions also include the extent to which programs were unable to admit qualified students to classes beginning in the fall 2006.

A total of 55 nurse administrators (90% of all nurse administrators) responded to the survey: 19 of 21 (90%) Practical Nurse programs and 36 of 40 (90%) Registered Nurse programs, including 16 of 18 (89%) baccalaureate and higher degree programs, and 20 of 22 (91%) hospital-based diploma and associate degree programs.

Findings for 2006 compared to findings for 2002:
Registered Nurse programs (36 respondents)
The number of applications received by all RN program respondents increased 72% from 10,162 to 17,429;

The number of qualified applicants accepted by all RN program respondents increased 40%, from 3,937 to 5,497;

Among baccalaureate and higher degree program respondents, the number of qualified applicants accepted increased 92%, from 1,877 to 3,598;

The number of qualified applicants who enrolled in RN programs in the fall 2006 increased 31%, from 2,403 to 3,152;

Among all RN program respondents, enrollments included a total of 110 LPNs, of which 95% were enrolled in Associate Degree programs (*9 of 16 baccalaureate and higher degree program report LPN enrollment is not known or not applicable*);

42% reported having a waiting list of qualified applicants (8 associate degree and hospital based programs and 7 baccalaureate and higher degree programs). A total of 1,318 qualified applicants were placed on a waiting list, an increase of 356% from 2002;

RN program respondents reported they were unable to admit qualified applicants in the fall 2006, citing a lack of faculty (n=12), clinical placements (n=12), "at capacity" (n=10), and space (n=7). According to these respondents, they were unable to admit a total of 3,231 qualified applicants, and increase of 18% from 2005:

- Baccalaureate and higher degree program respondents reported a total of 1155 qualified applicants could not be admitted in the fall 2006
- Associate and hospital-based program respondents reported a total of 2,076 qualified applicants could not be admitted in the fall 2006.

Practical Nurse programs (19 respondents)
The number of applications received by all PN program respondents increased 43% from 2,945 in 2002 to 4,222 in 2006;

The number of qualified applicants accepted by all PN program respondents increased 40%, from 708 to 993;

The number of qualified applicants who enrolled in PN programs in the fall 2006 increased 30%, from 688 to 894;

10 of the 19 respondents reported having a waiting list with a total of 342 qualified applicants compared to 172 applicants in 2005;

89% (n=17) reported they were unable to admit qualified applicants in the fall 2006, citing a lack of faculty, space, clinical agencies, and program capacity.

According to these respondents, they were unable to admit a total of 929 qualified applicants, an increase of 138% from 2002.

Conclusion:
Nursing education programs experienced increases in both applications and enrollments in the fall 2006. The number of programs maintaining waiting lists of qualified applicants (n=31) increased 19% from 2005. The reasons cited most frequently by programs as limiting the admission of students are essentially unchanged from 2005, and include faculty, physical space, and clinical agencies.

Discussion:
The Board routinely publishes data from its studies of nursing faculty vacancies for the purpose of promoting evidence-based workforce policy development. This data has been used to develop a Board policy that enable RN programs to appoint an otherwise qualified clinical or laboratory instructor with a baccalaureate nursing degree who meets one of three criteria. As a result of this policy, the pool of potential clinical instructors increased from 14% to 50% statewide and program administrators report they are better able to maintain lower student ratios and increase student admissions (e.g. BSN program admissions increased 52% in 2004 compared to 1999). The Board found faculty appointed under this policy have an average of 10 years of recent nursing experience in the area of clinical instruction, and there has been no impact on NCLEX-RN performance to date.

The faculty vacancy data has also been used by the Board of Higher Education in their 2005 Higher education and Healthcare Industry Nursing Education Partnership Study, the state Association of Colleges of Nursing's July 2005 White Paper, Ensuring an Educated Nursing Workforce for the Commonwealth; and the September 2005 State Health Policy Analysis Unit, Center for Health Policy and Research, analysis of proposed legislation related to nursing staff ratios as requested by the state legislature.

From the SARP Coordinators

Valerie Iyawe, RN, C, BSN, MBA

Doug McLellan, RN, MED

Tim McCarthy, LMHC

SARP Coordinators - Board of Registration in Nursing

The Substance Abuse and Rehabilitation Program (SARP) was developed over 15 years ago by the Board of Registration in Nursing to assist nurses whose competency has been impaired because of substance abuse disorders. The SARP offers nurses a voluntary alternative to traditional disciplinary action.

Substance Abuse Rehabilitation and Evaluation Committees (SAREC) are a key part of SARP. Each committee consists of 9 volunteers, appointed by the Board, who are knowledgeable in the field of substance abuse and/or mental health. There are three SAREC that meet once a month either in Boston, Plymouth, or Holyoke. Each SAREC is comprised of two registered nurses, two licensed practical nurses, one nurse employed as a nursing service administrator, one registered or licensed practical nurse who has recovered from drug or alcohol addiction and has been drug and alcohol free for a minimum of two years, and three representatives of the public.

The SAREC, with the assistance of the SARP Coordinators, assess, plan, implement, and evaluate the treatment contracts of licensees participating in SARP. The SAREC's also meet with nurses requesting admission to SARP and forward on to the Board their recommendations. The goal of the SAREC is to monitor the nurse while he/she actively engages in rehabilitation and the return to safe nursing practice.

Serving as a SAREC member offers nurses and members of the public an excellent opportunity to participate in an important and valuable rehabilitation program for nurses in recovery. There continues to be a need for nurses and members of the public, who are experience in the field of substance abuse and/or psychiatric disorders, to serve as a SAREC member. It is a voluntary position with a commitment to attend a monthly meeting. The Board presently has openings in the Boston and Plymouth SAREC's. Those interested in becoming a SAREC member are encouraged to contact Doug McLellan, SARP Coordinator, at 617-973-0931.

From the Licensure Coordinator

Michael Bearse - Administrative Supervisor

The Division of Health Professions Licensure, which includes the Board of Registration in Nursing and its vendors, recognizes the special circumstances of the brave nurses who serve our country. Any licensee whose nursing license expires while the nurse is actively serving in the armed forces of the United States may renew said license within six months after the termination/discharge from military service. The nurse must make the request in writing and provide documentation of the date of termination/discharge. During the six (6)-month grace period a single renewal fee must be paid, but no late fee is charged. Back renewal fees are not assessed. If more than one renewal cycle has passed, payment of renewal fee for only one renewal cycle is required. A licensee may not practice until the license has been renewed.

From NCSBN

The National Council of State Boards of Nursing (NCSBN) met in Chicago, Aug. 7 – 10, 2007, to consider pertinent association business with its member boards of nursing. Faith Fields, NCSBN president and executive director of the Arkansas State Board of Nursing, presided at the meeting. All 59 member boards were represented by delegates.

Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new directors to the Board of Directors and members of the Committee on Nominations;
- Adoption of the *2008 NCLEX-PN Test Plan* for licensed practical/vocational nurses;
- Adoption of new strategic initiatives that will set the course for NCSBN through 2010;
- Adoption of the Guiding Principles of Nursing Regulation;
- Approved revisions to NCSBN's bylaws to enhance organizational culture;
- Approved *Statement on the Regulatory Implications of Pain Management*; and
- Renewed NCLEX Examination contract with Pearson VUE.

Fields thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year. She remarked, "The hard work and dedication of our group is inspiring. Our Delegate Assembly this year addressed a number of key issues facing nursing regulation today and met these challenges head on, ever mindful of our goal of protecting the public."

Question of the Month

Q: I live in New Hampshire and hold a New Hampshire Registered Nurse license as well as a Massachusetts Registered Nurse license. Now that my New Hampshire license is a Compact license can I let my Massachusetts license expire and still work in Massachusetts?

A: No. Massachusetts is a state of single-state licensure, meaning that in order to practice in Massachusetts you need to hold a current Massachusetts license. New Hampshire as well as Maine and Rhode Island, among many other states belong to the Nurse Licensure Compact (NLC) which is a multi-state licensure model designed by the National Council of State Boards of Nursing (NCSBN). To become a participating state in NLC, the Massachusetts legislature must enact law allowing the Board to enter into NLC. In 2000, the Board unanimously voted in favor and support of NLC. The bill to enact NLC was filed by Senator Richard Moore during this legislative session. For additional information on Senate Bill 1288 go to; http://www.mass.gov/legis/bills/senate/185/st01/st01288.htm

Safety Alert

The Institute for Safe Medication Practices (ISMP) recently reported that mix-ups between heparin and insulin have occurred in several states as illustrated by an April 2007 report from the New Jersey Department of Health and Senior Services. The incident involved a bag of TPN that contained insulin instead of heparin. The most common factors associated with these errors include:

- Similar packaging of insulin and heparin in 10 mL vials;
- Placement of insulin and heparin vials, both typically used each shift/day, next to each other on a counter, drug cart, or under a pharmacy IV admixture hood; and
- Mental slips leading to confusion between heparin and insulin, especially since both drugs are doses in units.

To prevent errors caused by look-alike between heparin and insulin:

- Do not keep heparin and insulin vials alongside one another on or at your work space;
- Require an independent check by a second person of the medication before administering it;
- When possible, use systems with bar-code scanning; and
- Always read a medication label 3 times before administering it.

Important Information

- For answers to most of your Continuing Education questions please visit; www.mass.gov/dph/boards/rn > Continuing Education.
- Reminder…the Board meets the second Wednesday of the month and the meeting is open to the public.
- For a quick and easy way to determine if a particular activity is within your nursing scope of practice, please visit the Board's website at www.mass.gov/dph/boards/rn > NURSING PRACTICE > DECISION MAKING GUIDELINES.
- Applications for appointment to the Board's Clinical Expertise Advisory Panel are now being accepted. To learn more and to download an application, visit www.mass.gov/dph/boards/rn > NURSING PRACTICE > APPOINTMENT TO THE CLINICAL EXPERTISE ADVISORY PANEL.